

Pro Se 7 (Rev. 12/16) Complaint for Employment Discrimination

## UNITED STATES DISTRICT COURT

for the

Western District of Texas

Austin Division

1:24 CV 01406-DII

Case No.

(to be filled in by the Clerk's Office)

Danielle Nichol Krause

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

St. Vincent De Paul Rehabilitation Services of Texas  
Inc., DBA Peak Performers

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

Jury Trial: (check one) ☒ Yes ☐ No

FILED

NOV 13 2024

CLERK, U.S. DISTRICT COURT  
WESTERN DISTRICT OF TEXAS  
BY Christian I. Rodriguez  
DEPUTY CLERK

## COMPLAINT FOR EMPLOYMENT DISCRIMINATION

## I. The Parties to This Complaint

## A. The Plaintiff(s)

Provide the information below for each plaintiff named in the complaint. Attach additional pages if needed.

Name	Danielle Krause
Street Address	1414 S Dairy Ashford Apt 602
City and County	Houston (Harris County)
State and Zip Code	Texas 77077
Telephone Number	(337) 400-4643
E-mail Address	daniellekrause.hr@gmail.com

**B. The Defendant(s)**

Provide the information below for each defendant named in the complaint, whether the defendant is an individual, a government agency, an organization, or a corporation. For an individual defendant, include the person's job or title *(if known)*. Attach additional pages if needed.

## Defendant No. 1

Name	Peak Performers
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Job or Title <i>(if known)</i>	
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Street Address	4902 Grover Ave
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City and County	Austin (Travis County)
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State and Zip Code	Texas 78756
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Telephone Number	(512) 453-8833
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E-mail Address <i>(if known)</i>	
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## Defendant No. 2

Name	
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Job or Title <i>(if known)</i>	
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Street Address	
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City and County	
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State and Zip Code	
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Telephone Number	
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E-mail Address <i>(if known)</i>	
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## Defendant No. 3

Name	
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Job or Title <i>(if known)</i>	
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Street Address	
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City and County	
-----------------	--

State and Zip Code	
--------------------	--

Telephone Number	
------------------	--

E-mail Address <i>(if known)</i>	
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## Defendant No. 4

Name	
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Job or Title <i>(if known)</i>	
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Street Address

City and County

State and Zip Code

Telephone Number

E-mail Address (if known)

**C. Place of Employment**

The address at which I sought employment or was employed by the defendant(s) is

Name

Peak Performers

Street Address

4902 Grover Ave

City and County

Austin (Travis County)

State and Zip Code

Texas 78756

Telephone Number

(512) 453-8833

**II. Basis for Jurisdiction**

This action is brought for discrimination in employment pursuant to (check all that apply):

- ☒ Title VII of the Civil Rights Act of 1964, as codified, 42 U.S.C. §§ 2000e to 2000e-17 (race, color, gender, religion, national origin).

*(Note: In order to bring suit in federal district court under Title VII, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)*

- ☐ Age Discrimination in Employment Act of 1967, as codified, 29 U.S.C. §§ 621 to 634.

*(Note: In order to bring suit in federal district court under the Age Discrimination in Employment Act, you must first file a charge with the Equal Employment Opportunity Commission.)*

- ☒ Americans with Disabilities Act of 1990, as codified, 42 U.S.C. §§ 12112 to 12117.

*(Note: In order to bring suit in federal district court under the Americans with Disabilities Act, you must first obtain a Notice of Right to Sue letter from the Equal Employment Opportunity Commission.)*

- ☒ Other federal law (specify the federal law):  
42 U.S.C. § 2000e-3(a) — Retaliation

- ☐ Relevant state law (specify, if known):

☐ Relevant city or county law (specify, if known):  
\_\_\_\_\_

### III. Statement of Claim

Write a short and plain statement of the claim. Do not make legal arguments. State as briefly as possible the facts showing that each plaintiff is entitled to the damages or other relief sought. State how each defendant was involved and what each defendant did that caused the plaintiff harm or violated the plaintiff's rights, including the dates and places of that involvement or conduct. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

A. The discriminatory conduct of which I complain in this action includes (check all that apply):

- ☐ Failure to hire me.  
☒ Constructive Discharge  
☐ Failure to promote me.  
☒ Failure to accommodate my disability.  
☐ Unequal terms and conditions of my employment.  
☒ Retaliation.  
☐ Other acts (specify): \_\_\_\_\_

(Note: Only those grounds raised in the charge filed with the Equal Employment Opportunity Commission can be considered by the federal district court under the federal employment discrimination statutes.)

B. It is my best recollection that the alleged discriminatory acts occurred on date(s)  
 October 6, 2023  
 \_\_\_\_\_

C. I believe that defendant(s) (check one):

- ☐ is/are still committing these acts against me.  
☒ is/are not still committing these acts against me.

D. Defendant(s) discriminated against me based on my (check all that apply and explain):

- |                                     |                     |  |
|-------------------------------------|---------------------|--|
| <input checked="" type="checkbox"/> | race                | AA   |
| <input type="checkbox"/>            | color               | _____  |
|                                     | gender/sex          | _____  |
| <input type="checkbox"/>            | religion            | _____  |
| <input type="checkbox"/>            | national origin     | _____  |
| <input type="checkbox"/>            | age (year of birth) | _____ (only when asserting a claim of age discrimination.) |

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X disability or perceived disability (*specify disability*)

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E. The facts of my case are as follows. Attach additional pages if needed.

EEOC Complaint # 451-2024-00177

I scheduled an exploratory procedure for 9/7 and had my PTO approved for the 7th and 8th returning to work (remotely) on the 11th.

During the month of August, several of my coworkers came to work with COVID beginning with the CEO and her brother who is also an employee of the organization. My other coworkers were concerned about not coming in because many others have been penalized for being out of the office too long regardless of reasons and despite the fact that over 90% of the employees have the ability to work from home.

I tested positive for COVID on Thursday August 24th which resulted in me having to reschedule my procedure for 9/15 because I had to be without symptoms and negative for 12 days. While I had COVID, the CSO had my PTO removed without notifying me until it was completely out.

Time for my procedure was honored but I had no time remaining for recovery so I agreed to work from home with no days off aside from the day of the procedure.

The nature of my procedure changed once the doctor inserted cameras and was able to see what was going on with me. As a result, my recovery shifted to 3-6 weeks in part due to my just having had COVID.

I had approval from my doctor to work from home during this time so I honored my initial agreement to return immediately remotely. My typical work schedule required me to go in 2 days a week and work from home 3.

After week 1, members of our organization tried to pressure me into working at an expo event that directly violated the restrictions my doctor assigned as well as their agreement to allow me to work remotely for the first two weeks. Ultimately, I did not go and let them know that I would not be attending and sent over my work excuse from my doctor for reference.

Several comments were made that it was really important that I be there despite the fact that there were going to be over a dozen people working which was more than enough. In fact, it was far too many people as it was. Implications were made that made me feel like the push had to do with the fact that I am the ONLY black woman in the entire company and wanting "my face" there. I did not typically feel this way so it caught me off guard.

Lots of emphasis was placed on having me back in the office at the beginning of week 3. I made an attempt, but on day 1 while at the office I was extremely uncomfortable and got news that my grandmother passed away. I was asked to do a presentation the following day and to come in anyway. I did and this fulfilled my normal work arrangement of two days in the office but let me know that I was not ready to be in for health reasons as it agitated some things and slowed my recovery.

In the midst of it all I had 3 deaths in my family, my grandmother being the most recent. Her funeral was on 10/9 in Houston, TX. It had been challenging not having family around to help while I was recovering and having to miss out on 2 of 3 funerals. So I requested that I finish my recovery from Houston where I had help and where we have many other employees based.

My request for the two weeks from Houston was denied, I was told to take 3 days for bereavement, two days remote and a week of unpaid leave. There was nothing preventing me from working the second week but they chose to give me an ultimatum of going into the office or going unpaid before my 6 weeks was met.

After denying the request (later that day) the CEO came into our team meeting with news of an "incident" that occurred several weeks before any of this happened and everyone knew to track back to me. They knew this because she mentioned the projects that were only assigned to me. She quoted several policies that no one knew anything about (including my supervisor) and presented it as if I did not follow a policy when I did exactly what I was told. She made it a general announcement of the policy but included the client and contractor names, both of which were assigned to me which everyone knew.

My coworkers and a couple of supervisors were texting me on the side because they could see I was visibly upset but she continued to badger my work, character and understanding of a policy that was news to us all. Fortunately, my team knew better but it still put me in a position to feel like I was under a scope for being unhealthy and disclosing temporary disability and vulnerability. I resigned after that meeting.

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*(Note: As additional support for the facts of your claim, you may attach to this complaint a copy of your charge filed with the Equal Employment Opportunity Commission, or the charge filed with the relevant state or city human rights division.)*

#### IV. Exhaustion of Federal Administrative Remedies

- A. It is my best recollection that I filed a charge with the Equal Employment Opportunity Commission or my Equal Employment Opportunity counselor regarding the defendant's alleged discriminatory conduct on *(date)*

10/10/2023

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- B. The Equal Employment Opportunity Commission *(check one)*:

☐ has not issued a Notice of Right to Sue letter.

☒ issued a Notice of Right to Sue letter, which I received on *(date)* 8/14/2024.

*(Note: Attach a copy of the Notice of Right to Sue letter from the Equal Employment Opportunity Commission to this complaint.)*

- C. Only litigants alleging age discrimination must answer this question.

Since filing my charge of age discrimination with the Equal Employment Opportunity Commission regarding the defendant's alleged discriminatory conduct *(check one)*:

☐ 60 days or more have elapsed.

☐ less than 60 days have elapsed.

**V. Relief**

State briefly and precisely what damages or other relief the plaintiff asks the court to order. Do not make legal arguments. Include any basis for claiming that the wrongs alleged are continuing at the present time. Include the amounts of any actual damages claimed for the acts alleged and the basis for these amounts. Include any punitive or exemplary damages claimed, the amounts, and the reasons you claim you are entitled to actual or punitive money damages.

\$16,615.38 For my time unemployed for roughly 2 months based upon regular wages at \$95k per year plus monthly \$1,000 bonus. Bonus was non-contingency.  
 \$4,000.00 Denied unemployment claim which would have provided roughly \$2,000 per month for 2 months.  
 \$5,234.00 Medical expenses as a result of loss of medical coverage for 3 months.  
 \$25,500.00 For 1 year of lost wages as a result of my inability to secure employment with compensation matching what I would have been making had I not been pushed out of my role.  
 \$75,000.00 For the trauma endured and need for mental health services.  
 \$540,000.00 For the impact to my recovery from surgery and medical follow up due additional bodily harm from stress and slowing of recovery and ability to return to work in a new role.  
 \$3,000.00 For estimated total of court costs and miscellaneous expenses to file and serve this lawsuit.

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**VI. Certification and Closing**

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

**A. For Parties Without an Attorney**

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: \_\_\_\_\_

~~10-4-2024~~ 11-12-2024

Signature of Plaintiff \_\_\_\_\_

Printed Name of Plaintiff Danielle Nichol Krause**B. For Attorneys**

Date of signing: \_\_\_\_\_

Signature of Attorney \_\_\_\_\_



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Printed Name of Attorney

Bar Number

Name of Law Firm

Street Address

State and Zip Code

Telephone Number

E-mail Address